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TRANSMITTAL FORM

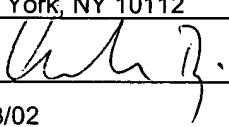
(to be used for all correspondence after initial filing)

		Application Number	10/015,201
		Filing Date	10/19/01
		First Named Inventor	D. Kravitz
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	AP33635

ENCLOSURES (check all that apply)

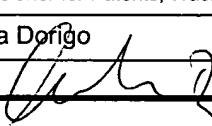
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration and Power of Attorney
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<p>Remarks <input type="text"/></p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112		
Signature	 Att Name: Andrea Dorigo PTO Reg: 47,532		
Date	1/23/02		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name	Andrea Dorigo		
Signature		Date	1/23/02

BAKER BOTTS LLP



FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 130)

Complete if Known

Application Number	10/015,201
Filing Date	10/19/01
First Named Inventor	D. Kravitz
Examiner Name	
Group Art Unit	
Attorney Docket No.	AP33635

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **02-4377**
Deposit Account Name **Baker Botts LLP**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee (\$)	Fee (\$)	Fee Description	Fee Paid
740	370	Utility filing fee	
330	165	Design filing fee	
510	255	Plant filing fee	
740	370	Reissue filing fee	
160	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid	
<input type="checkbox"/>	20 ** = 0	<input type="checkbox"/>	= 0	
Independent Claims	<input type="checkbox"/>	3 ** = 0	<input type="checkbox"/>	= 0
Multiple Dependent				

Large Entity Small Entity

Fee (\$)	Fee (\$)	Fee Description
18	9	Claims in excess of 20
84	42	Independent claims in excess of 3
280	140	Multiple dependent claim, if not paid
84	42	** Reissue independent claims over original patent

SUBTOTAL (2) (\$ 0)

*For number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	130
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for ex parte reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SIR after Examiner action	
110	55	Extension for reply within first month	
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	
1,440	720	Extension for reply within fourth month	
1,960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
1,510	1,510	Petition to institute a public use proceeding	
110	55	Petition to revive - unavoidable	
1,280	640	Petition to revive - unintentional	
1,280	640	Utility issue fee (or reissue)	
460	230	Design issue fee	
620	310	Plant issue fee	
130	130	Petitions to the Commissioner	
50	50	Processing fee under 37 CFR 1.17(q)	
180	180	Submission of Information Disclosure Stmt	
40	40	Recording each patent assignment per property (times number of properties)	
740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
740	370	Request for Continued Examination (RCE)	
900	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 130)

Adjustment date: 02/27/2002 TVD111
02/05/2002 TGEDAMU1 900000079 90015266
01 FC:105

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Andrea Dorigo	Registration No. (Attorney/Agent)	47,532	Telephone 212-408-2523
Signature			Date 1/23/02	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

02/05/2002 TGEDAMU1 000000079 10015201

130.00 0.00

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BAKER BOTTS LLP

Attorney Docket Number: AP33635

Title: SYSTEM AND METHOD FOR MANAGING TRUST BETWEEN CLIENTS AND SERVERS



Use Space Below for Additional Information: